

PART B - FEE(S) TRANSMITTAL

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133. 7590 02/28/2007

PATENT LEGAL STAFF
 EASTMAN KODAK COMPANY
 343 STATE STREET
 ROCHESTER, NY 14650-2201

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	(Depositor's name)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/695,545	10/28/2003	Arkady Ten	01257US (EKC 90001)	/DAN 5452

TITLE OF INVENTION: DISPLAY DEVICE COLOR CHANNEL RECONSTRUCTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	05/29/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
RAHMJOO, MANUCHER	2624	345-589000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**
2. For printing on the patent front page, list
- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
- 1 SHUMAKER & SEFFERT
- 2 _____
- 3 _____

3. ASSIGNEE: NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE: **EASTMAN KODAK COMPANY** (B) RESIDENCE: (CITY and STATE OR COUNTRY)
343 STATE STREET, ROCHESTER, NY 14650-2201
NEW JERSEY

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 05-0225 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature DAVID A. NOVAIS / MAR

Date May 18, 2007

Typed or printed name DAVID A. NOVAIS

Registration No. 33,324

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